

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-019837

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 67

FILED MAY 28 1963

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u>		c. CITY OR TOWN <u>Eagleville</u>	
Length of stay in 1b <u>4</u> day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>No number</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>MAE</u> Last <u>EDWARDS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1886</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Joseph Peasley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walradt</u>		14. NAME OF HUSBAND OR WIFE <u>James William Edwards</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Archie Edwards, Bethany, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma head of Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u></u>	
		DUE TO (c) <u></u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>4-16-1963</u> to <u>5-19-63</u> and last saw her alive on <u>5-19-1963</u> Death occurred at <u>9:16</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>W. F. Broyles</u> (Degree or title)	22b. ADDRESS <u>M.D. Bethany, Mo.</u>	22c. DATE SIGNED <u>5-21-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-21-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hobbs</u>	23d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>
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24. FUNERAL DIRECTOR <u>MB Haas Bethany Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-21-1963</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayey</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0411

2 04102

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12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Henry A. Johnson

Licensed Embalmer No. 5075

P. O. Address

Pattonburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.